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VERATRUM VIRIDE IN FEVERS.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—I have lately seen the attention of physicians called to the anti-febrile power of the American hellebore. I used it thirty years ago, not only in typhus fever, but in acute rheumatism. My experience of its effects in fever was not favorable to its use. I used the saturated tinct. of the root, as prepared by Dr. Norwood. The tinct. alone was used, and also combined with laudanum when I wished to obviate its cathartic effects, and reduce very much the frequency of the pulse. In all cases of typhus fever, in which I used it, or saw it used, the convalescence was very slow. In acute rheumatism, when given in repeated doses to produce the full effect of vomiting, the cure was perfect, but the death-like effect on the patient was always very alarming to himself as well as his friends; and in future attacks I could never prevail on those who had used it, to submit to its effects again. I was uniformly told that they would rather die than take it. It evidently caused a fatal result in one case of rheumatism, in a scrofulous habit, but otherwise a healthy man. He had been treated, by his attending physician, by bleeding, calomel and cathartics. After this he was put under the full effect of veratrum so as to operate as an emetic. At the time he took it, the glutæi and the muscles about the small of the back were much swollen. The prostrating effects of the hellebore were so great that the swollen part became dark during the time of collapse, and never recovered, but terminated in gangrene. It was in this condition that I first saw him. Since that time I have never given the hellebore in acute rheumatism, but have substituted colchicum.

A lover of whiskey clandestinely took a dram of what he supposed bitters, but which proved to be a tincture of hellebore prepared as a wash for a horse, the effects of which were nearly fatal. Dr. F. W. Adams, now of Montpelier, Vt., first introduced the tincture of hellebore in febrile diseases into practice in this place, about the year 1819. Its effects in fever, rheumatism and croup formed the subject of his inaugural dissertation in 1822. It so happened that a child, to whom it was administered by his direction, died with croup at the very time of writing his thesis. Whether Dr. A. continues to use the hellebore in fevers, I can-

not say, but I am aware that he had a more favorable opinion of its effects than I had. In order to produce its full effect in acute rheumatism, I think I gave about thirty drops of the saturated tincture, and repeated once in six hours till vomiting was induced. I never knew it effect a cure in acute rheumatism, unless it was given so as to produce its full effects. Since I abandoned the use of hellebore I have given colchicum in tincture or powder, and repeated every four or six hours till it caused vomiting and catharsis. One course will sometimes answer, but it is often necessary to go through a second.

Notwithstanding Dr. Norwood's experience, I certainly could not recommend it as a safe emetic. As Dr. Adams has had more experience in its use than any other man, I presume, by an application to him, any physician would be able to get the results of his experience. I think he has still a favorable opinion of its effects, but I am sure that he does not consider it specific in fever, as there were several deaths from typhus under his practice after he left this place for Boston.

*Stanstead, Canada, July 8, 1853.*

M. F. COLBY, M.D.

MR. EDITOR,—Having perused the above remarks by Dr. Colby, on the use of the hellebore, I can confirm them so far as they relate to the effects of this medicine in fevers. I studied medicine with Dr. F. W. Adams, and used the hellebore in fevers and other inflammatory complaints at the commencement of my practice; but finding recovery very slow, and the patients often very much prostrated after its use, I entirely abandoned it in typhus fever. I recollect seeing Dr. C. administer it thirty years ago in a case of acute rheumatism. I, however, differ from him in regard to its effects in that disease, believing it not necessary to give it to the extent of producing emesis, as I have successfully treated acute rheumatism by giving it in doses short of producing its prostrating effects. I administered it successfully under Dr. Adams's direction in one case of croup; in others, afterwards, it failed. I am now on a visit at the north; as I reside in Georgia, I may have an opportunity to witness its effects there, of which I will keep you informed.

Very truly yours, DANIEL DUSTAN.

*Stanstead, Can., July 12, 1853.*

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#### OPERATIONS FOR THE RADICAL CURE OF INGUINAL HERNIA.

*To the Editor of the Boston Medical and Surgical Journal.*

SIR,—In a communication, published a few weeks since in the *Journal*, upon medical testimony, allusion was made to an untried operation by which I supposed a radical cure might be effected in cases of inguinal hernia—and which probably might be identical or similar to that practised with success by Dr. Heaton.

I have been asked by physicians if I suppose that I have discovered a new principle of cure; or, if it is proposed to do a new operation merely, to close the abnormal abdominal aperture, upon principles

taught, understood and believed to be correct by surgeons and physicians generally.

I will answer them, and invite instruction by stating my views upon the subject of hernia briefly, so far as may be necessary in consideration of the operations proposed for the radical cure—referring to the structures concerned, as if the general descriptions by the best authors were embodied in or attached to this article in some form; or supposing each reader to be familiar with the subject, and not desiring a frequent repetition of technical terms, which, according to a distinguished modern surgeon's observation, "are too often applied to parts of the same tissue in such a way as to create confusion, and render these structures, and the changes produced upon them, exceedingly complicated; while, in reality, they are extremely simple, and easy to be understood." A slight retrospective glance may be pleasant and profitable before examining the modern inventions for radical cure of hernia.

Monsieur Dionis says in his lectures and demonstrations of chirurgical operations in the royal garden at Paris—

"'Tis a mistake to believe that hernias or descents are modern distempers; for although we are told that they were not formerly known, and that it is but within the compass of a few past years that we have seen so many persons afflicted with them, 'tis not only because they were little known to the vulgar, but because the ancients took care to hide them—most of those who had them not daring to disclose them to any person. But after the invention of very commodious bandages to repulse the parts to their natural place, and several medicaments to restrain and fortify the relaxed fibres, those who before that time concealed these infirmities, no longer made a scruple of discovering them in hopes of a cure by it."

There were "operations," too, in those days, which Dionis condemns, saying to his pupils, as he was about to describe them, that "he was certain they would condemn them, too," but gave as a reason for his showing the manner of their performance, that "a good chirurgeon should be acquainted with the good and ill of his profession, in order to follow the first and avoid the last."

It is not necessary to describe either the bandages of the hernia doctors, the remedy of the Prior of Cabrieres, or any of the famous plasters, used and "published by the king's goodness;" or those other kinds, the formulæ of which are kept secret by their inventors; according to Dionis, "they were no more effectual than the others."

Modern surgeons have also discovered, that "hernia is a more frequent disease than has been heretofore supposed"; and urge as a cause that in "some families it is an hereditary disease."

All that relates to the retention of the bowel by artificial support, and to the operation for the relief of strangulation, is at this day so well taught by books and professors, that pupils do not require an extraordinary exercise of the perceptive faculties to at least understand the principles upon which the modern practice rests, even if their judgment and skill are not quite equal in every emergency to decide upon the necessity of, or to perform the required manipulations. But in the approaches

to the radical cure of hernia by operation, it is not certain that modern surgeons are much in advance of Monsieur Dionis, his predecessors and contemporaries.

The cause of hernia, according to Dionis, is a rupture of the peritoneum; "and to cure these sorts of ruptures," he says, "we must endeavor to close the lips of this wound in the peritoneum and to keep them in a posture that they may unite and grow together." He disapproves of the operation of Celsus, and does not advise his pupils to practise it.

With all the light anatomy has thrown upon the structures or tissues concerned in hernia; with all the assistance physiological inquiry has given as to the functions of these tissues, their modes of formation, as primitive developments or as reparatory processes; with all the crusades against the abdominal canal and rings by progressive heroic surgery, no fixed principle has been deduced, either from hypothesis or experiment, by which the abdominal openings referred to may be permanently closed against the descent of a hernial sac and its contents, which has been replaced with or without strangulation.

The names of the inventors of some of the modern operations for radical cures will be omitted; the manifest absurdities of some plans, the complete failure of others, and the hazard of the experiment, condemn them, and are safeguards against frequent repetitions. And if it be admitted that cures are recorded after some operations, and perhaps as a consequence of them, we have no proof that the operators had discovered the principle involved, as future efforts on the same plan overthrow the monuments of success the previous accidental cures had erected.

Modern surgeons seem to agree that the "pins of Bonnet," the "scarifications of Velpeau," the "sutures of Belmas," and the injections of Pancoast and others, are all intended to "*obtain a cure by causing an adhesive inflammation of the walls of the sac*" in cases of hernia.

This declaration as to the walls of the sac, is not sufficiently clear, perhaps—if we suppose that adhesion of the internal surface of the sac is expected to be produced by peritoneal action. Radical cure in all cases, would not follow, if the adhesive action was accomplished with or without inflammation, irrespective of the form of operation.

I do not know what is the understood theory of cure by the application of trusses, which compares favorably with other plans promulgated, as regards results.

There are surgeons who favor the doctrine that inflammation is not necessary to the cure of hernia, or any other disease, nor to repair the injuries inflicted by wounds whether by accident or from operation. These surgeons would consider a proposition, to cause adhesion in the walls of a hernial sac by inflammation, with the intention to prevent thereby the re-appearance of the hernia, as impracticable and unsound. To discuss the question, opens the entire theory of tissue formation and all the doctrines of inflammation received at the present day. It will be passed at this time, to be considered briefly hereafter.



Upon the inflammation theory is based the modern operations for radical cure of hernia. They succeed, and they fail—although inflammation is present, and sometimes, as is stated by the operators, in excess.

Inflammation is present in operations for strangulated hernia occasionally. How often are radical cures recorded after the wounds of the operation are healed. Now suppose adhesion to be formed between the internal surfaces of a hernial sac, with or without inflammation; or suppose lymph to be deposited between the pillars of the ring, with no specific organization or characteristics of a normal structure—are such deposits to be relied on to prevent hernial descents? Adventitious deposits are liable to absorption—and the attendant growths of what is termed acute inflammation usually are absorbed as the process of discussion goes on. Notwithstanding these failures, surgeons rely upon inflammation to produce radical cure of hernia.

It is asked—is there any operation that can be relied on for a cure? In the nature of things, is it possible or not? Do the reparatory principles active in the human organization forbid the attempt? If so, inquiry and experiment in this direction are useless. If success is among the probabilities, let inquiry and experiment go on.

The possibility cannot be disputed, for cures occur under various modes of treatment. The probability is strong, not taking into the account actual cases, and the assertions of the operators and the cured, for physiology favors the theory of reparation, and skilful surgery may direct the action. In addition, we have the statements of a practical surgeon that a cure by operation is a fixed fact, which he does, and will continue to demonstrate, and that at a proper time he will explain the principle of the cure and the mode of operation by which the action is induced.

[To be continued.]

## LECTURES OF M. VALLEIX ON DISPLACEMENTS OF THE UTERUS.

TRANSLATED FROM THE FRENCH BY L. PARKS, JR., M.D.

### NUMBER VIII.

**SYMPTOMS.**—It is very important to investigate the symptoms which show themselves before the commencement of treatment, since these strictly appertain to the disease. We proceed, consequently, to examine them with the greatest attention, intending to give, at a future time, a description of the modifications they undergo in consequence of treatment.

*Mode of commencement of the Symptoms.*—The first appearance of the symptoms was, in one case only, sudden—instantaneous; in another, it was rapid. And it is worthy of remark that, in these two cases, the disease set in as a sequence to violent shocks, efforts or falls. In all the other cases, it was difficult, and, in one patient (Case I.), it was entirely impossible to fix the epoch of the commencement. The symptoms were, in all these cases, produced slowly—gradually. There was, at first, pain in the groins or in the thighs—then, walking became diffi-

cult and painful. Subsequently, there set in leucorrhœa—frequent desire of micturition—various troubles in the digestive organs, inducing loss of strength and emaciation. From this time, the disease was fully confirmed.

*Symptoms of the Disease when confirmed.*—If, now, we examine the different symptoms, separately, in order to be able to appreciate their relative degree of importance, we find them in conformity with the following description, viz.:

*Pain.*—*Spontaneous pain* existed in 19 out of the 20 cases, in which its existence was investigated. There occurred, however, in the patient, whose case makes the exception (Case I.), that peculiar sensation during micturition of which I have spoken to you. This pain was situated 17 times in both groins, once in one groin, and once in the hypogastrium. In this last case there were symptoms of metritis. This pain was not always of equal intensity on the two sides, a circumstance to be explained, in general, by a lateral inclination of the uterus complicating the anteversion. Ordinarily, the pain was more marked on the side towards which the uterus was inclined, though sometimes the reverse was the case. The same may be said of the pains in the thighs, which were found in the 19 cases. We found pains in places at a distance from the uterus, as follows, viz., five times occupying the walls of the chest, it was owing once to muscular rheumatism, and four times to an intercostal neuralgia, corresponding once only with the lateral inclination of the uterus, which was a complication of the anteversion. Four times there was pain, more or less obstinate, in the loins, there being in my notes no further details on this head, either because the patient could not indicate the precise seat of the pain, or because the point was not noted. In two cases only, in one of which hæmorrhoids were also present, there was pain in the region of the sacrum. Once, finally, the pain was intense in the perinæum, while, at the same time, there was difficulty in defecation.

In three cases, where there was *pain arising from some extraneous cause* (*douleur provoquée*), there was in one, metritis; in the second, muscular rheumatism; in the third, intercostal neuralgia—the painful spots which characterize this last malady not presenting themselves on the walls of the abdomen.

*Feeling of Weight in the Pelvis.*—There was, five times, a sensation of weight in the region of the perinæum. In these cases the cervix was very bulky. Could this sensation of weight be owing to engorgement of the cervix? I do not venture to reply in the affirmative, for, while it is true that I have never met with this symptom, when there was no engorgement; on the other hand, I have often seen the cervix engorged without its existence.

*Micturition.*—In 15 cases out of the 19, in which I was able to obtain an exact account of the symptoms, *micturition* was *frequent*, and sometimes painful. In the four other cases the uterus was possessed of great mobility. It is possible that being in these cases less bulky and less heavy than in the others, it was more easily raised by the bladder, and thus permitted to the latter more distension. This, however, is but a theoretical explanation, and the fact was not strictly demonstrated, although thus much has been fully established, that it is the pressure of

the body of the uterus upon the bladder which produces the frequent desire of passing the urine, as I was able to satisfy myself, in a case where, having introduced the sound for the purpose of reducing a simple retroflexion, I exaggerated the movement, and carried the body of the uterus forward, at the same time that I pushed the cervix backward with the finger in such a manner as to simulate an anteversion. The womb maintained itself in this position for some hours, during which micturition was much more frequent than usual.

**Defecation.**—Eleven times the bowels were confined, and their evacuation difficult. I have not found that there existed any evident relation between the feeling of weight at the perinæum and this constipation, which seemed to me rather to coincide with the augmentation in the bulk of the cervix and the pains at the top of the sacrum.

All these symptoms are, as is manifest, quite easily explained by the vicious position of the uterus, and by the uterine engorgement. We proceed, now, to the examination of those of another order, which, without being as peculiarly characteristic of the disease, nevertheless have their importance.

**Menstruation.**—The menses, diminished once, were in two cases more abundant than before the disease. Further, in one of these two last cases, they took place at diminished intervals, and in the other there set in veritable attacks of hæmorrhage. This case is sufficiently interesting to be reported with a few details.

**CASE IV.**—Marie S., æt. 28 years—seamstress—of a bilious and sanguine temperament—of a constitution originally quite strong—menstruated regularly from her 16th year. Her health was always perfect till she reached the age of 17. Her first pregnancy then occurred, which was very painful, and terminated in abortion, at the third month. The abortion, the cause of which escapes us, was followed by griping sensations, and by severe pains in the loins and groins, attended with fever and delirium. At the end of eight days, she was transported to "l'Hôtel Dieu," where the physician, she says, introduced his entire hand into the vagina, after which the pains ceased, the hæmorrhage alone persisting. The patient remained three weeks at the Hospital.

Afterwards she had four new pregnancies, which were carried to the full term, her last confinement having taken place in 1849. Each labor, though not severe, was followed by grave symptoms—by inflammation, which it was necessary to combat with applications of leeches, and which required a course of treatment of from fifteen to eighteen days' duration. In the intervals there was leucorrhœa, and the menses were irregular, painful and often profuse.

Six months before we saw her the metrorrhagia became more frequent and more profuse. At the same time the patient experienced a pain in the right iliac fossa, which extended itself the following month to the hypogastrium. Then followed frequent desire of micturition—obstinate constipation—severe pains during walking, which was very difficult and very painful—inappetency—epigastric pains after eating. The patient lost flesh and strength, and could not stand erect, bending over exceedingly in walking. Twice she was obliged to enter "l'Hôtel Dieu ;"

the first time in the department of M. Horteloup, which she left at the end of fifteen days, having been somewhat relieved by cupping; the second time, in the wards of M. Louis, who recognized the disease, and sent the patient to me without having commenced treatment.

I received her at the "Hôpital-Beaujon," the 16th of October, 1851, and ascertained the existence of an anteversion with slight displacement to the left side. The anterior surface of the body was not extended horizontally, but described a slight curve, with its concavity in front, as if there was a commencing antelexion. The cervix, which was bulky, presented some granulations. The sound penetrated to the distance of  $7\frac{1}{2}$  centimetres. After two applications of the sound, of which one was fatiguing and painful for her (for on that occasion the examination was prolonged for nearly twenty minutes, being made by M. Dubois, Mme. Charrier and other persons, successively, who confirmed my diagnosis), the patient experienced extreme lassitude, and slight chills, the menses appearing three days before their time. The flow was profuse, and continued till the 23d, accompanied by pains in the loins and at the hypogastrium.

The sound, introduced the 24th and 25th, gives rise to an inconsiderable flow of blood. Nevertheless, the stem-pessary is applied the 25th, and after remaining seven days, is removed because quite a profuse hæmorrhage set in. It is re-applied four other times, being left on the second occasion (the 22d of the month) for three days only, in consequence of a new hæmorrhage appearing. On the third application, which is made the 28th, it remains four days, and this time is taken away on account of the appearance of the menses, at their habitual epoch. The flow lasted four days, unattended with pain, and at its cessation leaves the uterus less heavy, but with no change as to its displacement. On being applied, for the fourth time, the stem-pessary remains thirteen days, being withdrawn on the appearance of a little blood, which turns out, this time also, to be the menstrual flow, from five to six days in advance of its time. The uterus slants a little forward, but no longer lies transversely.

The 7th of January the stem-pessary is applied for the fifth time, remaining fifteen days without causing unfavorable symptoms. The patient goes, comes, feels better, recovers her *embonpoint*, and when the apparatus is removed, the uterus is found in its normal direction. I saw the patient again the 29th of March and the 2d of May. The general health was perfect, and the anteversion had not returned.

In this case, upon the diagnosis of which no doubt can be entertained, there was, besides the anteversion, a certain degree of metritis with tendency to hæmorrhage. In this metrorrhagia there is nothing which should astonish you, as certain interesting researches made by Dr. Hérard, upon this subject, show hæmorrhage from the womb to be one of the most constant symptoms of metritis.

As to the anteversion itself, it is very difficult to fix the epoch of its commencement, for though the patient assigns it to a date, six months previously to coming under my care—the time when she began to experience pain—we see, on the other hand, that for a very long time, her menstruation was irregular, painful and harassing, and that the patient was far from enjoying good health.

The readiness with which this hæmorrhage returned, after each introduction of the sound, shows us plainly that the tissue itself of the uterus was not, at the time, in the normal state. This accounts to us for the manifestation of the febrile symptoms, with sensibility of the uterus, which was heavier and more bulky after the first application of the stem-pessary. But, all these symptoms, which were increased by the pressure of the instrument, were without gravity, and promptly disappeared after it was removed, and a few leeches had been applied to the hypogastrium.

A circumstance quite worthy of remark, and which assuredly has not escaped you, is that the further we advanced in the treatment, the better the stem-pessary was borne, so that, finally, it remained thirteen, and then fifteen days, without occasioning hæmorrhage. This point is important to notice, because if it had not been understood, either the patient might not have been watched with sufficient attention, after the early application of the instrument, and the latter have been left in the uterus long enough to cause serious symptoms; or else, we might have allowed ourselves to be too easily discouraged by the re-appearance, after each application, of symptoms which required its removal, and might have abandoned the treatment, as liable to danger. If this had been done, we should not have obtained a cure—now a confirmed one—of a very grave affection, and one capable by means of the attacks of hæmorrhage which were the consequence of it, to place the life of the patient in danger. There was, after the discontinuance of the treatment, a short period of congestion of the uterus, and a slight tendency to the re-production of the anteversion. But very simple means were sufficient to dispel the congestion, and maintain the organ in its normal position, by rendering it lighter. Now, in proportion as the engorgement shall diminish, as it will, in consequence merely of the re-placement of the organ, the cure will become more and more solid.

One remark only, I offer upon this case—that the modes of treatment previously employed had been of no avail. Cupping alone had been of some relief, but only by diminishing the phlogosis, since it had no distinct action on the displacement.

#### DR. NUTTING ON THE PHILOSOPHY OF MEDICAL DELUSIONS.

[Continued from p. 494.]

ANOTHER source of delusion is found in the *Impossibility of determining accurately on the Results of Treatment.*

We have thus, in addition to the difficulties in the way of correct medical reasoning, no means by which we can arrive at certain conclusions as to the treatment founded upon it. Nor have we any means of comparing the results of quack treatment, with that of the scientific physician, so that the mass can see the difference. In law, if a pettifogger venture into court, no sooner does he commence his plea, than the bar and bench perceive his ignorance. But in medicine, no pleas are made.

There is no public exhibition of talents or learning. Nor are there any statistics showing the relative mortality under the different treatment, or the relative number of cures: and by these I mean, not *escapes*, nor simple recoveries, for the latter will take place in a majority of all cases of disease if not interfered with; but cases in which the power of the disease has been broken, and convalescence hastened by the treatment. Could such statistics be secured, they would place the different systems on their true merits. But this is impossible in the present state of things.

Not only have we no means of bringing quackery to this test, but, as Dr. Rush has remarked, "there are no greater liars in the world than quacks, except their patients." They will misrepresent, either from ignorance or on purpose, both the nature and treatment of their cases. No dependence can be placed on their reports, as every physician can testify. Every tumor or sore is a cancer. The last and favorable stage of lung fever is consumption, because the patients cough and raise. If they can fix on no other disease, the *liver* is full of ulcers, or more than half wasted away.\* If in any of these cases, the patient recovers, as often they cannot well help doing, then they have cured these several diseases, and the report of it is trumpeted abroad by the patient and his friends; for every patient wishes it understood that he was the sickest person that ever survived.

A fourth source of medical delusions is found in the *Influence of the Imagination*.

The power of this faculty over certain persons is well known. Its perverted influence in highly nervous persons, is especially evident in respect to disease and its treatment. Reason, judgment, and the will even, are often completely under its control. The power of motion is lost, the voice gone, the whole system prostrated, and the mind apparently ruined. The loss of muscular power depends partly on an inability to will, and partly on actual debility induced by the perverted influence of the imagination. The former of these has, however, the greater power, since if the exercise of the will can be secured, the muscular power is usually instantly regained. It is in cases of this kind that quacks accomplish their wonderful cures, by which the lame leap and walk, and those who have not spoken aloud for weeks, regain all at once the full power of their voices. Examples of this kind are, unfortunately, too numerous to need reciting.

Another example of the power of this faculty, is found in the production of various sensations of pain, which are readily dissipated by

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\* The author was called, last year, to see a hypochondriacal woman, affected with prolapsus uteri, and chronic irritation of the liver. She had been attended by two Thomsonians. The following conversation ensued between us at one visit:—"Doctor, don't you think my liver is terribly affected?" "No, indeed, why do you ask that?" "Why Dr. P. told me he thought it was more than half wasted away, and Dr. C. said it was full of ulcers the year before." "Humph!" "Could I live if it was rotted away so?" "Could you live, if your head were half rotted off?" "Why no, but he said it was a common thing for the liver to rot away, and that if there was a piece left as large as a hen's egg, it would grow again. He said he had as lief his liver would rot away so, as not." "So had I, that *his* would." The woman finally got as well as the hypochondria would let her. The same "Dr. P." used to give cod liver oil in the last stage of lung fever, because, he said, they had the consumption.

affecting the imagination. To the patient, these pains are for the time real, but the manner in which they are dissipated shows they could not depend on any physical lesion. It is in cases of this kind, that the bread-pill treatment becomes effectual; and if I mistake not, its aristocratic offspring, Homœopathy, reaps its fairest laurels among the same.

Again, the imagination, aided by a soothing effect on the nervous system, has the power of removing some real pain. These pains, which are termed *nervous*, are the ones most easily affected, and perhaps the only ones which can be removed by this means. The influence of simply soothing movements upon the head, in case of nervous headache, is well known. The effect is often heightened, if the imagination be affected at the same time. Thus Perkins persuaded his patients that they were cured by electric currents excited by the brass and steel rods with which his manipulations were performed. It was at length discovered, that pine rods could be substituted with equal effect, if the patient did not know it. So popular did this delusion become, that in this State, clergymen, including Pres. Dwight; lawyers, and judges, certified in the most confident manner to its efficacy. In England it was still more popular. The nobility embraced it, an infirmary was established in which it alone was used, and more than five thousand cures were reported within a short time after it was opened. And among these, were the whole list of acute diseases. Its advocates predicted, in the most confident manner, that within twenty years the old drugging and bleeding system of practice would be entirely abandoned. But a fifth of that period had hardly elapsed, before the delusion was exposed, and Perkins, with his tractors and infirmary, ceased to be spoken of but with contempt. Does not the early history of this tractor treatment bear some resemblance to that of the favorite *pathies* of the present day? Nor do I doubt that the latter part of its history will have a still closer resemblance to the latter part of theirs.

Another source of delusion is found in the *Ignorance of the mass as to the proper Power of Medicine and Physicians.*

In the administration of medicine, the object is to assist nature to throw off disease. Nor can it be otherwise than pernicious, when given for any other purpose. A man's recovery, therefore, is not rendered certain in proportion to the amount of drugs taken. Yet this is the sentiment of many; and the physician is often obliged to give something, when he knows nothing is needed, in order to satisfy the patient's wish to take. Well is it for the patient if he gives only the homœopathic globule, or its equivalent, the bread pill. A man gets up in the morning, and feels languid and dull. He may have been living in constant violation of the laws of health, and begins to feel the effects of it. His first question is, what shall I take? not, as it should be, what change in my habits of life will remove the evil? It is TAKE, TAKE. As repentance is most irksome to the moral transgressor; so is physical reformation to him who breaks the laws of health: and as the one would give "the fruit of his loins for the sin of his soul;" so to the other no drug is too nauseous, no application too painful, if by their use he can avoid the necessity of reforming his habits. But as in the former case, all

these devices for the redemption of the soul, but add to its guilt, and sink it deeper in perdition ; so this dosing with drugs, but adds to the physical derangement, and sinks the man deeper in physical perdition. And as it matters not with the moral transgressor, that the experience of thousands has proved the utter futility of such devices ; so with the physical transgressor, it matters not that thousands have been filled to surfeiting with nauseous drugs, and without relief. Such is the utter folly of both, that they pursue the same beaten track, rather than reform—closing their eyes and ears to all the evidence against them from without—nay, smothering the voice of reason and conscience within.

Their error consists in ascribing to drugs a power they do not possess. They take it for granted that they have not only the power to renovate the system, but to counteract the influence of their pernicious habits. Yet any one may see that nature is fully as much assisted in following the hints she gives, in a change of habits, as by filling the system with drugs, which at best are but a necessary evil. I say an evil, for all drugs, except iron and a few others, which constitute important parts of the system, must act as poisons, if they act at all. Emetics, whether ipecac. or lobelia, act simply from their poisonous qualities. The same is true of the whole list of medicines. But as, in the moral world, one evil is made to counteract the effects of another ; so in medicine, the effects of a poison are made to counteract the effects of a disease. But whether any article is a poison, depends wholly on the relation which it bears to the system. Thus any drug, which in a healthy state disturbs, in any degree, the healthy performance of any function, is so far a poison. But in an altered state of the system, these very substances may contribute to the restoration of a healthy action, and thus lose their poisonous qualities. On the other hand, beef-steak, by no means a poison in a healthy state, becomes, in a diseased state, a poison of great power.

In an acute disease, a prompt medical interference may be demanded. But in a majority of cases, more dependence is to be placed on the recuperative powers of nature, than on the direct influence of drugs. In such cases, if nature be not too much encumbered by wrong habits, she will in time effect a cure. Nor will drugs alone suffice to accomplish it. A general derangement of the system has taken place, and considerable time must elapse before it can become regulated. And we may here see how quackery gains applause in these cases. During the first part of the time, a regular physician is usually employed. He may assist nature, but fails of a cure, as the time for that has not yet arrived. He is therefore dismissed, and some of the irregular practitioners are employed—perhaps several of them, before the cure is complete. The patient gets a full supply of pills, syrups, bitters, and *promises* in abundance. The latter establish the superiority of these over the regular physician, for *he* never promised. Faith is strong, and they wait patiently a great while, and at length are well. It is "*post hoc*," but they and their doctor reckon it "*propter hoc* ;" and the superiority of the quack, or quack medicine they took *last*, is fully established.

It is this idea which has emptied box after box of Brandreth's, and Moffat's, and Morrison's, and a thousand others' pills, down the gaping



throats of real or imaginary patients. The cases in which the promised cures failed, are never inquired for; but the single cases of recovery after taking these, like the prizes in a lottery, fill every eye.

I have dwelt thus fully on this source of delusion, because it seems an important one. And there is another which gives rise to much delusion in connection with this; and that is, *The Inordinate Desire of Life*.

"Ere hope, sensation fails."

Men dread the passage to another world, and shrink from it with alarm. Nor are they ever ready for it. Hence, if attacked with fatal disease, they snatch at straws. In their extremity they cherish the hope that a medicine may be found, which shall disarm the king of terrors, and give them back to life. It matters not that science knows no such drug; nor that thousands, like themselves, have searched with anxious eye through the whole list, and died without it. Such a drug they know must exist, and they pursue it with the utmost pertinacity, taking box after box, and bottle after bottle, of all the thousands of nostrums which the ingenuity and cupidity of crafty men can invent. This *may* cure, and that *may* cure, and they try all. So, too, doctor after doctor is called, each time taking one more ignorant than the one before. The regular physician, finding no room for hope, gives no promise of recovery, and is discarded for one who will. He, failing to cure, is dismissed for one more ignorant still; for each promises more confidently, in proportion to his ignorance, and they feed delusive hope on these promises, although they know them to be "empty as the wind." At length, having tried the whole round of ignorance, death lays them in their resting place. They have expended their means for that which could do them no good, and have helped feed the whole army of rapacious quacks, ever ready to feed on the extremities of such as these.

Another source of medical delusion is found in the *Utter Ignorance of even educated men, of the Nature and Extent of Medical Knowledge*.

It seems taken for granted, that there are no fixed principles in medicine; that disease, and the action of remedies, are all hap-hazard—the one coming when it may chance to, or, when God, by a miraculous intervention, sends it; and that the action of remedies is equally without law. On such notions as these, they found their idea of medical science. This, also, they consider as a mixture of luck and chance, having in it no fixed principles, and being what one may acquire in a month, as well as in a life time. If you are successful in practice, they will say that you are *lucky* or *fortunate* in not losing your patients. But there is no *luck* nor *fortune* about it. You do not go to your patients and pour down their throats whatever you may happen to, and trust fortune for the result. Having made yourself master of what knowledge is to be attained, you investigate your case, till you find the exact nature of the disease, and then you select that remedial agent which your own observation, or that of others, has shown best adapted to remove the disease. If you are successful, it is because you have done this. But here is no *luck*. The whole matter is as much the result of fixed laws, as any other result of a physical cause. The all-wise

Governor of the Universe has not left disease out from his general plan. Certain causes, acting upon the human system under certain circumstances, will invariably produce disease. Certain remedies, under certain conditions, will invariably assist nature to throw off disease. There is no luck in this. The truly successful physician is he who ascertains these laws, and acts in accordance with them. The really *unsuccessful* physician is he, who proceeds in ignorance, or in disregard of these laws. A truly successful physician is no more lucky than a successful machinist. Nor is an unsuccessful one any more *unlucky*. And by success, I mean not the acquisition of noisy applause, or sudden wealth. These follow the ignorant and knavish quack, more readily than the scientific and honest physician. The physician's knowledge does not consist in knowing that this drug is good for this symptom or disease, and that for that. He has rules for his art, but principles for his science; and without a fair knowledge of these, he is no physician at all. But to know these, he must first know the structure and functions of the system in health. Then he must know the nature of disease, and what abnormal conditions it will produce in the various organs; what effect it will have on the vital functions, and what lesions will give rise to the complex and multiform manifestations of disease. Then he must know the nature and effect of his remedial agents, and how to select that one, or that course of medical treatment or regimen, which will best secure the remedial effect required. Without a good degree of this knowledge, no man ought to presume to administer as a physician. Nor can one attain it without time and labor. A *physician* cannot spring up in a night, like Jonah's gourd. A *quack* may; but the fruit he will bear, will be apples of Sodom and clusters of Gomorrah. No man needs careful study more than the physician, and no man must more carefully employ his judgment and reason than he.

But the class to whom we refer, are wiser than all the physicians of learning—"yea, than seven men that can render a reason." Is a man sick? they have a remedy for every symptom, and these are generally infallible: but if they are not, then they have enough in number to make up what they lack in power, and the patient must take the whole, because they *may* do him good at least some of them. But of all forms of quackery, deliver us from this luck-and-chance, hap-hazard form. Thomsonism, and homœopathy, and hydropathy, and the whole class like them, have a "method in their madness." They admit some principles, and their position may be found. But this luck-and-chance quackery has no method in it, no truth at its foundation, and no consistency with itself.

It is these false notions, which make medical grannies of both sexes. It is this which starts the benevolent lady with her pills, or her syrups, or her homœopathic globules, on her round of visits to the sick, often leading her to set aside the prescription of the regular physician and foist hers in its place, to the great detriment of the patient. It is this which makes natural-born doctors, and root doctors, and seventh-son doctors, "*et id omne genus*." It is this which makes the *weaker* of our clergy interfere with the prescriptions of the physicians, that makes them elo-

quent in praise of the absurdities of homœopathy, or ready, like Behe-moth, "to draw up a river into their mouth" in their zeal for hydropa-thy; or affixes their names to the thousands of quack medicines, certi-fying to their efficacy in statements which a school boy in physiology would laugh at for the utter ignorance they displayed, and involving medical theories too absurd for any man to conceive, except him, who having a smattering of theology, therefore concludes himself a master of all the intricacies of medical science.\* To the clergyman in his sa-cred capacity, I look with the most profound respect; but to the cler-gyman as a medical quack, with the most unmixed contempt. Such men are ready to prescribe at once, when a skilful physician would hesi-tate long.

"Fools madly rush, where angels fear to tread."

But it by no means follows, that because they know something of the-ology, they know anything of medicine; nor because they have a box of pills, or can make a syrup, that they are competent to treat disease; nor even if they have heard of a medicine which is reputed to have cured a given disease, that they are under obligation to force it into the throat of every sick man they may see. These seem driven by a sort of necessity to interfere with the treatment of the sick, and not a few pa-tients have lost their lives by this foolish interference.

[To be continued.]

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JULY 27, 1853.

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*Williams's Principles of Medicine.*—The fourth edition, with additions, of the "Principles of Medicine, comprising General Pathology and Thera-peutics, and a brief general view of Etiology, Nosology, Demeiology, Di-agnosis, Prognosis and Hygienics," by Charles J. B. Williams, M.D., edited by Meredith Clymer, M.D., has just been published by Messrs. Blanchard & Lea. This new edition is as nearly true to the standard of medicine, as understood in these days of progression, as it could be made. Having, on former occasions, given our views of it, and having also often spoken of the praiseworthy efforts of the publishers in reproducing the most valuable medical works that appear in Europe, it is quite unnecessary to do more on this occasion than to present a brief synopsis of the contents of Dr. Wil-

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\* The value of certificates to the efficacy of patent medicines, even when honestly given, may be estimated from a circumstance which occurred while the author was in the office of the late Dr. A. G. Welch, of Lee, Mass. A farmer, of general intelligence and acknowledged probity, came to the office, from the town of Tyringham, where Dr. W. had formerly practised, and asked if he could give him some more of the pills, such as he gave him in 1814. Dr. W. had no recollection of giving him any, but remembered being in attendance on his family for the spotted fever. "Well," said the man, "I was sick then, and you gave me some pills which cured me right up, and have kept me well ever since!" This was in 1848. The man would have sworn to that statement of the efficacy of some common cathartic pills!

In 1850, I saw a published certificate, by a young lady, of a complete cure of consumption by a Dr. Fitch, of New York. Four months after it was given, I acted as a pall-bearer to assist in laying her in the grave—a victim to that fell destroyer. She was the last of eight of his patients whom he had cured, or promised to cure, that I had seen laid in the grave within a year!

liams's work, which is a well printed octavo, of 476 pages, in seven elaborate chapters, besides an appendix. A preliminary discourse on the principles of medicine, is followed by a philosophical dissertation on *etiology*, or the causes of disease. Chapter II., pathology; III., proximate elements of disease; IV., structural diseases; V., classification, symptoms and distinction of disease; VI., prognosis—foreknowledge, or results of disease. Nothing has escaped the indefatigable author, in the particular line of his investigations, and the work is therefore a full, perfect treatise, abounding in useful matter, which should be familiar to every medical practitioner.

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*Diseases of the Liver.*—The fact that a single organ may be subject to a catalogue of diseases, the description and treatment of which fills a tome of 468 pages, octavo, impresses the student with the frailty of humanity in its physical organization. Of the functions and importance of the liver, in all animals, no new evidence is needed. If it is impaired in any respect, the whole system must suffer, and life be jeopardized by obscure internal derangements, which it is the appropriate business of the pathologist to investigate. Messrs. Blanchard & Lea, of Philadelphia, have favored us with a specimen copy of the second edition of *Diseases of the Liver*, by George Budd, M.D., from the last improved London edition, with colored plates and wood cuts—the plates on copper beautifully colored. Gall stones, abscesses, encysted tumors, &c., are minutely portrayed. There are five chapters, embracing every shade of disease which has been detected in this viscus. As a whole, it is probably the most complete work extant on the subject. When it first appeared in this country, a hearty commendation was given it by the medical press. With the emendations and additions which have been given to the new edition, it stands without a competitor. The second chapter, on inflammation of the liver, is worth the price asked for the whole work.

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*Belmont Med. Society Transactions.*—This is from an Ohio institution, which from the day of its organization has been distinguished for energy and progress. There are no sleeping members in it. Their labors in 1852 and '53, presented in this report by the society, are creditable to their industry. An essay on ethics, by Dr. R. Hamilton, of Morristown, is a good article. Another, by Dr. John G. Affleck, of Bridgport, abounds with historical memoranda, terse sentiments, sound common sense and profound philosophical deductions. No wonder the medical meetings of the society are well sustained, while such men write and speak. They would give vitality to any kind of association. "Why are medical meetings so intolerably dull?" is a question not unfrequently propounded. One reason may be found in the determination of a combined few, to make the association an instrumentality for promoting selfish ends. In the second place, those the least qualified to open their mouths, generally fancy themselves oracles of wisdom, and therefore engross all the time. Modest men soon discover the direction which things are taking, and stay away. If a society does not die at once, under such leaden pressure, it dies gradually. But when gentlemen are permitted by the hunkers to infuse a little originality, intermingled with vivacity, there is a hope of life and the accomplishment of something for the advancement of science. In respect to the qualities,

both social and professional, which insure longevity and honorable mention at home and abroad, the Belmont Medical Society is a model one.

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*Dr. Sweetser's Valedictory.*—These leave-taking discourses are by no means the melancholy sermons a stranger to our medical college system might suppose. Nobody weeps on account of the pathos of the discourse, or swoons when the orator assures a class of graduates that this last public act severs their connection forever with the faculty. But the opportunity is rather embraced as a fitting occasion for impressing the minds of the graduate with a sense of their obligations to God and society. We like the custom, and trust it will be kept up in all coming time. At the Castleton (Vt.) Medical College, William Sweetser, M.D., who sustains the chair of theory and practice, and who is an author of celebrity, recently addressed those who had finished their educational course. His duty was well performed. Without being heavy, and therefore tedious, the discourse was happy in several respects, and is characterized by dignity and truth.

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*Causes and Prevention of Suits for Mal-practice.*—A report to the Mass. Medical Society, on the foregoing subject, has come to us in a separate form, detached from the documents containing the transactions of the society. After reading the ten pages, we defy any one to determine, from the directions therein contained, how to stop a lawsuit. Were a treatise written upon the subject of preventing a house from burning, it would be no more ridiculous. A bucket of water would be worth more than the book. So in reference to preventing lawsuits for mal-practice: refusing to give one's services to people who are disposed to prosecute their professional adviser in order to cheat him out of a bill, or obtain money for miscalculated damages, is the shortest way of keeping out of the difficulty.

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*Harvard Natural History Society.*—At the University, Cambridge, Mass., the under graduates sustain a Natural History Society. An annual address is usually given by some person distinguished for attainments in the branches of knowledge cultivated by the members, which in May of the present year, was delivered by the Rev. Thomas Hill, of Waltham. This Journal is not precisely a proper medium for discussing the merits of the the learned gentleman's effort. We shall take the responsibility, however, of departing from the ordinary course, far enough to express our gratification with the performance. Some parts of it are really excellent. The author, who can discourse thus, possesses no ordinary mind. In the Society referred to there are, no doubt, many naturalists in the germ. Age and experience will enable them, at seasonable periods, to render to the world an account of their stewardship.

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*New Hampshire Asylum for the Insane.*—A report of the institution, embracing an account of its condition in 1852 and '53, by John E. Tyler, M.D., the Superintendent, brought down to June last, must be very satisfactory to the people of New Hampshire. There is no flourish of trumpets, but a simple business-like account of what has been done in respect to the inmates, and a statement of the financial condition of the charity.

On the 31st of May there were 70 males and 73 females remaining under treatment. Ill health, domestic troubles, disappointments, excesses and masturbation, are among the prominent causes of their insanity. Of the eleven counties comprising the State, Merrimack, Hillsborough, Rockingham and Grafton furnish the largest number of lunatics. Merrimack takes the lead among them all. What moral causes are operating in that particular section, to lead to madness, is open for investigation. The whole number of patients since 1843, the year when they were first received, has been 1059. Dr. Tyler very properly suggests several improvements in the household—such as a decent cooking apparatus, furnaces that will not smoke, more cheerful halls, gas lights, &c., which the Trustees ought to provide at once. Dr. Tyler appears, by this official document, to be a systematic, prudent, philosophical man, who comprehends the duties of his position.

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*Dr. Warren's Address.*—For some years past, Dr. John C. Warren has been President of the Society of Natural History in Boston. He engages in the labors of the members in a manner most encouraging to the young, advantageous to the interests of science, and honorable to himself. The address to which this paragraph refers, was written for the occasion of the anniversary meeting in May. It gives a condensed history of the Transactions of a body of learned men, who are unobtrusively advancing our acquaintance with all the kingdoms of nature. Dr. Warren has no competitor in industry: early and late, from youth to age, he has never relaxed from one uninterrupted course of elevated study. This is the highway to influence and distinction among men. With so many examples of the personal happiness resulting from a life of literary and scientific diligence, aside from the eminence which invariably pertains to it, how unfortunate for the world that multitudes of minds are wasted on frivolous pursuits, which neither benefit themselves nor contribute to the common store-house of knowledge.

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*St. Louis University.*—From the prospectus of the medical department of this institution, it is certain that a strong faculty has been organized. John B. Johnson, M.D., late of the University of Missouri, has been elected to the chair of clinical medicine and pathological anatomy. He is a New England man, armed with indomitable energy, and eminently qualified to give a brilliant course of lectures. Dr. Pope, the surgeon, whom not to know, argues one's self unknown, has a reputation that must give eclat to any school. Thirty-three students were graduated in medicine in March. The elements of thrift and progress are perceptible in this College.

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Dr. Dwight Nims has received the appointment of Postmaster at Homer, N. Y.—Mr. Wilson, of Flushing, L. I., has recently recovered a verdict of \$2,500 in the King's County Circuit Court, against a Dr. Snell for malpractice in treating the arm of the plaintiff's son, which was fractured at the elbow by a fall.—The human voice has been heard across the Straits of Gibraltar, a distance of ten miles. This only happens in peculiar states of the weather. The sound of a military band has been heard seventy miles on a clear frosty morning.

**Medical School of Harvard University.**—The following gentlemen have received the Degree of Doctor of Medicine since the semi-annual examination in March :—

Horace Walter Adams, A.B., Harvard. *Absorption.*

Zabdiel Boylston Adams, A.B., Bowdoin. *Muscae volitantes.*

Samuel Coleman Blake. *Dyspepsia.*

Algernon Coolidge. *Pulmonary emphysema.*

Edward Brooks Everett, A.B., Harvard. *Sprains.*

John Henry Gilbert. *Pericarditis.*

Joseph Clay Habersham. *Morbid appearances of the Countenance.*

John Alonzo Sidney Hannity. St. Mary's College, Dublin. *Liver, its diseases and their treatment.*

William Henry Heath. *Opium.*

William Nourse Lane. *Caries of the vertebrae.*

William Hussey Page. *Typhoid Fever.*

Joaquim Antonio Alves Ribeiro. *Hygiene.*

Nathan Payson Rice, A.B., Harvard. *Foreign bodies in the air-passages.*

Horatio Robinson Storer, A.B., Harvard. *Flora Cantabrigiensis medica.*

Jerome Charles Street. *On the Surgical treatment of obstructions that affect mucous canals.*

John Ware, jr., A.B., Harvard. *Some of the principal diseases of the teeth, and the operations for their removal.*

Richard Henry Wheatland, A.B., Harvard. *Diabetes.*

John Samuel Whiting, A.B., Harvard. *Typhus Fever; in what respects it differs from Typhoid Fever.*

B. S. JACKSON,  
Dean of the Medical Faculty.

**TO CORRESPONDENTS.**—The following communications have been received, and will be published in turn as expeditiously as space will admit :—Water and Alcohol contrasted on the People proper : Disuse of Pork among the Shakers ; Additional Muscle of the Eye ; Hysteria ; Natural and Artificial Induction of Haematosi ; Improvements in Medical Practice ; Southern Typhoid Fever ; and the concluding portions of articles already commenced. The verses by N. are inadmissible.

**MARRIED.**—At Woonsocket, R. I., on the 12th inst., Dr. J. Samuel Bassett, of Paterson, N. J., to Caroline Augusta Bissell.

**DIED.**—At Wallingford, Vt., John Fox, M.D., 71, an eminent physician, and one of the oldest practitioners of the State.—At Louisville, Kentucky, Charles Caldwell, M.D., said to have been the oldest physician in the United States. He was a pupil of Dr. Rush. For a series of years Dr. Caldwell has been distinguished for his general learning and profound attainments in medical science. A memoir of his life will unquestionably soon appear.—At Chicago, Illinois, Dr. Beselin, a German practitioner, accomplished and well esteemed. He presented a bill for attendance on a lady ; but instead of being paid, he was arrested for taking liberties with the patient—which so mortified him, that he shot himself.—By suicide, at the west, Dr. John G. Bird.—At Frankfort, Me., Dr. Edward Abbott, 70.—At Columbia, Dr. H. D. Jones, formerly of Conn., 23.—By suicide, in Virginia, Dr. D. W. Petrie, late of Oswego, N. Y.—In Buffalo, N. Y., Dr. Joseph Peabody, from Norwich, Conn., 59.—In Burlington, Vt., July 5th, Ashbel S. Pitkin, M.D., aged 44.

**Deaths in Boston** for the week ending Saturday noon, July 23d, 92. Males, 50—females, 42. Accidental, 2— inflammation of the bowels, 6— inflammation of the brain, 1— disease of the brain, 4— consumption, 19— convulsions, 3— cholera infantum, 8— cholera morbus, 3— erup, 4— dysentery, 3— diarrhoea, 1— dropsy, 1— dropsy in the head, 3— infantile diseases, 8— scarlet fever, 2— hooping cough, 1— disease of the heart, 3— intemperance, 1— inflammation of the lungs, 4— disease of the liver, 1— marasmus, 3— measles, 2— old age, 1— palsy, 2— smallpox, 1— teething, 5— unknown, 1.

Under 5 years, 53—between 5 and 20 years, 7—between 20 and 40 years, 15—between 40 and 60 years, 9—over 60 years, 8. Born in the United States, 66—Ireland, 18—England, 4—British Provinces, 1—Scotland, 1—Germany, 2. The above includes 5 deaths at the City institutions.



*Patients who never pay*—The True Flag relates the following story, how a physician got rid of a patient who never paid a bill.—“Hum! So you don't feel any better after the pill and draught, eh? That's bad! We must try a more energetic course of remedies, then. Come in this afternoon, and we'll take fifteen ounces of blood from you, put a blister on the pit of your stomach, a mustard plaster on your back, then electrify you, shave your head, and administer a dose of calomel. That may prove efficacious.” The patient kept away.

*Sulphate of Quinidin*.—Dr. Thomas Humphreys, of Birmingham, writes as follows to the Editor of the London Lancet.

Allow me through the medium of your valuable journal, to inform medical men that an article called sulphate of *quinidin* is being extensively substituted for sulphate of quinine. Trommer's test, as given below, will easily detect this unwarrantable substitution. I would just observe that sulphate of quinidin is worth about 5s. 6d. per ounce, and sulphate of quinine about 10s. per ounce.

“*Trommer's Test*.—The solubility of quinidin in ether, compared with that of quinine, is but slight; ten grains of pure sulphate of quinine dissolves in sixty drops of ether and twenty drops of spirit of ammonia, while only *one grain* of sulphate of quinidin is soluble in the same quantity of fluid; and in proportion quinine containing quinidin will always be less soluble than pure sulphate of quinine.

*Medical Miscellany*.—Cases of cholera occasionally appear in southern ports.—Dr. Alfred Crare, of San Francisco, late Alexandria, Va., was shot in a duel and died soon after. He was the challenger—his age 25.—Yellow fever is destructive at Carthagena.—Dr. Daniel Asbury, of Charlotte, N. C., has written encouragingly on the gold mining prospects of that State. He says that the Gold Hill Mine has yielded \$1,500,000 since 1843.—The Female Medical College of Pennsylvania has just conferred the title of M.D. on Miss Charlotte G. Adams, of Boston, and eight other ladies.—A woman who was born at Lyons in 1713, died on the 15th of May, at the age of 140 years. Two years more would have carried her to the age of the Countess of Desmond, who died in Ireland at 142.—Edward Cranson, the Kentish giant, said to be the largest boned man in Europe, measures 7 feet 6 inches, weighs 35 stone, can reach perpendicularly 10 feet 6 inches, and is under 21 years of age.—Smallpox has been destroying the Cheyenne and Snake Indians, near Utah, the Mormon city, to a dreadful extent. On one occasion they piled up the bodies of three hundred victims to the malady, and burned them.—Dr. Thomas Harris, chief clerk of the Naval Bureau of Medicine and Surgery, has been discharged.—Yellow fever, in its worst form, is raging at St. Thomas. Several cases have also appeared at New Orleans.—Dr. P. W. Leland, of Fall River, Mass., has been appointed Collector of that port.—Dr. N. G. Trow, of Sunderland, Mass., is president of a musical convention.—Dr. J. B. Bartlett, of Somerville, Mass., has been elected president of the Mystic Corporation.—Andrew M'Farland, M.D., late medical superintendent of the N. H. Asylum for the Insane, is the author of an essay on *draining and subsoil ploughing*, which took a prize of the State Agricultural Society.—M. M. Rogers, M.D., is the author of a work on scientific agriculture.



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